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BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

JOHN I. ISKANDAR, M.D.

Holder of License No. 35047 For the Practice of Allopathic Medicine In the State of Arizona Case No. MD-07-0776A

CONSENT AGREEMENT FOR LETTER OF REPRIMAND

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and John I. Iskandar, M.D. ("Respondent"), the parties agreed to the following disposition of this matter.

- Respondent has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement").
 Respondent acknowledges that he has the right to consult with legal counsel regarding this matter.
- 2. By entering into this Consent Agreement, Respondent voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.
- 3. This Consent Agreement is not effective until approved by the Board and signed by its Executive Director.
- 4. The Board may adopt this Consent Agreement or any part thereof. This Consent Agreement, or any part thereof, may be considered in any future disciplinary action against Respondent.
- This Consent Agreement does not constitute a dismissal or resolution of other matters currently pending before the Board, if any, and does not constitute any waiver.

express or implied, of the Board's statutory authority or jurisdiction regarding any other pending or future investigation, action or proceeding. The acceptance of this Consent Agreement does not preclude any other agency, subdivision or officer of this State from instituting other civil or criminal proceedings with respect to the conduct that is the subject of this Consent Agreement.

- 6. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or any other state or federal court.
- 7. Upon signing this agreement, and returning this document (or a copy thereof) to the Board's Executive Director, Respondent may not revoke the acceptance of the Consent Agreement. Respondent may not make any modifications to the document. Any modifications to this original document are ineffective and void unless mutually approved by the parties.
- 8. If the Board does not adopt this Consent Agreement, Respondent will not assert as a defense that the Board's consideration of this Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.
- 9. This Consent Agreement, once approved and signed, is a public record that will be publicly disseminated as a formal action of the Board and will be reported to the National Practitioner Data Bank and to the Arizona Medical Board's website.
- 10. If any part of the Consent Agreement is later declared void or otherwise unenforceable, the remainder of the Consent Agreement in its entirety shall remain in force and effect.

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11. Any violation of this Consent Agreement constitutes unprofessional conduct are may result in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under this chapter") and 32-1451.

CHN I. ISKANDAR, M.D.

DATED: 18 Angust 2008

FINDINGS OF FACT

- 1. The Board is the duly constituted authority for the regulation and control of the practice of aliopathic medicine in the State of Arizona.
- 2. Respondent is the holder of license number 35047 for the practice of allopathic medicine in the State of Arizona.
- 3. The Board initiated case number MD-07-0776A after receiving notification of a malpractice settlement involving Respondent's care and treatment of a twenty-five year-old male patient ("BK").
- 4. Respondent initially evaluated BK on June 25, 2006 and diagnosed him with paraparesis with myelopathy secondary to a disc herniation of T11-T12. Respondent noted BK's bilateral weakness and foot dorsiflexors. Respondent ordered a magnetic resonance imaging scan that demonstrated a T11-T12 central disc herniation that was possibly compressing the spinal cord. Respondent recommended surgical decompression.
- 5. On July 18, 2006, Respondent performed the surgical decompression and identified T11-T12 disc space using a C-arm fluoroscopy. Respondent dictated in his operative report the discectomy and fusion with instruments of the T11-T12 disc; however, there was no mention of how the level was documented.
- 6. On postoperative day two, Respondent noted BK's continued weakness of the right and left ankle. Respondent ordered an x-ray that reported a fusion of T10-T11. Subsequent progress notes by Respondent indicated that BK was improving; however, there was no documentation that Respondent had reviewed the x-rays ordered or the report noting an apparent fusion of T10-T11 rather than T11-T12.
- 7. On July 23, 2006, BK was discharged with a diagnosis of thoracic disc herniation. The discharge report did not contain the level of the surgery and the level of diagnosis.

- 8. Respondent reviewed reports of BK's C-arm intraoperative images and postoperative thoracic spine x-rays which indicated a fusion at T10-T11 and requested that BK return for a follow up visit. Respondent recommended additional surgery and decompression of T11-T12. One month postoperatively, BK was seen by another physician who noted spinal cord compression and recommended additional surgery with decompression and fusion.
- 9. The standard of care requires a physician to perform surgery in an appropriate manner with sufficient care to avoid wrong level surgery.
- 10. Respondent deviated from the standard of care because he did not perform surgery in an appropriate manner with sufficient care to avoid wrong level surgery.
- 11. BK suffered a second surgical procedure to decompress the area of spinal cord compression and an extension of the fusion mass beyond that which was originally intended. The extension of the fusion beyond a one level fusion increases the risk of BK developing degenerative changes either proximal or distal to the fused areas.
- 12. A physician is required to maintain adequate legible medical records containing, at a minimum, sufficient information to identify the patient, support the diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because there was no documentation that Respondent had reviewed the x-rays ordered or the report noting an apparent fusion of T10-T11.

CONCLUSIONS OF LAW

 The Board possesses jurisdiction over the subject matter hereof and over Respondent.

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2. The conduct and circumstances described above constitute unprofessional conduct pursuant to A.R.S. § 32-1401 (27)(e) ("[f]ailing or refusing to maintain adequate records on a patient.") and A.R.S. § 32-1401(27)(q) ("[a]ny conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.").

<u>ORDER</u>

IT IS HEREBY ORDERED THAT:

- Respondent is issued a Letter of Reprimand for performing wrong level surgery and for failure to maintain adequate records.
 - 2. This Order is the final disposition of case number MD-07-0776A.

DATED AND EFFECTIVE this gar day of Walsey, 2008.

(SEAL)

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ORIGINAL of the foregoing filed

ARIZONA MEDICAL BOARD

Executive Director

Lisa S. Wynn

this day of the foregoing filed

Arizona Medical Board 9545 E. Doubletree Ranch Road Scottsdale, AZ 85258

EXECUTED COPY of the foregoing mailed this day of _______, 2008 to:

John I. Iskandar, M.D. Address of Record

Investigational Review

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